

**Curriculum Change Form**  
**(Present only one proposed curriculum change per form)**  
**(Complete only the section(s) applicable.)**

**Part I**

<input type="checkbox"/> (Check one)	Department Name	Department of Counseling and Educational Psychology
<input type="checkbox"/> New Course (Parts II, IV)	College	Education
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	COU 825
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title	Developmental Guidance K-12
<input type="checkbox"/> New Minor (Part III)	*Program Title	
<input type="checkbox"/> Program Suspension (Part III)		
<input type="checkbox"/> Program Revision (Part III)	*Provide only the information relevant to the proposal.	If Certificate, indicate Long-Term (University) or Short-Term (Departmental)

  

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	11/13/13	Council on Academic Affairs	3/20/2014
College Curriculum Committee	01/14/14	Faculty Senate**	N/A
General Education Committee*	N/A	Board of Regents**	N/A
Teacher Education Committee*	01/28/14	EFFECTIVE ACADEMIC TERM***	Fall 2014
Graduate Council*	02/27/14		

\*If Applicable (Type NA if not applicable.)  
\*\*Approval needed for program revisions or suspensions.  
\*\*\*To be added by the Registrar's Office after all approval is received.

**Completion of A, B, and C is required: (Please be specific, but concise.)**

<b>A. 1. Specific action requested:</b> (Example: Increase the number of credit hours for ABC 100 from 1 to 2.)	Change title of COU 825 to "Developmental Counseling With School Age Children"
<b>A. 2. Proposed Effective Academic Term:</b> (Example: Fall 2012)	Fall 2014
<b>A. 3. Effective date of suspended programs for currently enrolled students:</b> (if applicable)	
<b>B. The justification for this action:</b> There is no change in the course content or objectives. The new title better describes the course.	
<b>C. The projected cost (or savings) of this proposal is as follows:</b>	
<b>Personnel Impact:</b> None	
<b>Operating Expenses Impact:</b> No change in operating expenses.	
<b>Equipment/Physical Facility Needs:</b> No additional needed.	
<b>Library Resources:</b> No impact on current resources in library.	

**Part II. Recording Data for New, Revised, or Dropped Course**

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised\* Catalog Text

(\*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

**COU 825 Developmental Guidance Counseling With School Age Children-K-12(3) I, II.** Prerequisites: COU 813, 840, 846. Student will learn how to design and implement a systemic K-12-developmental guidance counseling program based on collaboration, consultation, and prevention as well as develop creative and play therapy approaches to working with children and adolescents.

**Part III. Recording Data for Revised or Suspended Program**

1. For a revised program, provide the current program requirements using ~~striketrough~~ for deletions and underlines for additions.
2. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

Revised\* Program Text

(\*Use ~~striketrough~~ for deletions and underlines for additions.)

**Part IV. Recording Data for New or Revised Course (Record only new or changed course information.)**

Course prefix (3 letters)	Course Number (3 Digits)	Effective Academic Term (Example: Fall 2012)	College/Division:	Dept. (4 letters)*
			AS _____ HS _____ BT _____ JS _____ ED _____ UP _____	
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____ Laboratory _____ Other _____		Cip Code (first two digits only)	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	Abbreviation: Dev Coun With School Age Children _____ _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

**CoRequisites and Prerequisites \*\*See definitions on following page\*\***

**Co-Requisite(s):** (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.

Course Prefix and No.

<b>Prerequisite(s):</b> (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)	
Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	
<b>Co-requisite(s) and/or Prerequisite(s) Combination</b> (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	
<b>Equivalent Course(s):</b> (credit will not be awarded for both...; or formerly...)	
Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Element: Please mark (X) in the appropriate Element or Elements ( e.g. – 4B(3) X ).

Element 1 (9)	Element 2 (3)	Element 3 (6)	Element 4 (6)	Element 5 (6)	Element 6 (6)
1A (3)	2 (3)	3A (3)	4A (3)	5A (3)	6 (6)
1B (3)		3B (3)	4B (3)	5B (3)	
1C (3)		or 3A/B Integrated A&H(6)	or 4A/B Integrated Sciences(6)		

**NOTE:** Do not forward validation tables with curriculum form.